

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

☐ **BLYTHE** 265 N. Broadway, Blythe, CA 92225  
☐ **HEMET** 880 N. State St., Hemet, CA 92543

☐ **INDIO** 46-200 Oasis St., Indio, CA 92201  
☐ **RIVERSIDE** 4175 Main St., Riverside, CA 92501

**RI-FLxxx**

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</small>   <div style="display: flex; justify-content: space-between;"><div>TELEPHONE NO.:</div><div>FAX NO. (Optional):</div></div> <div>E-MAIL ADDRESS (Optional):</div> <div>ATTORNEY FOR (Name):</div>	<div style="text-align: center;"><small>FOR COURT USE ONLY</small></div>     <div style="border-top: 1px solid black; padding-top: 5px;"><small>CASE NUMBER:</small></div>
<div style="border-top: 1px solid black; padding-top: 10px;"><div style="display: flex; justify-content: space-between;"><div style="width: 60%;">PETITIONER:</div><div style="width: 40%;"></div></div><div style="border-top: 1px solid black; padding-top: 10px;">RESPONDENT:</div></div>	
<b>DECLARATION OF RESIDENCE</b>	

The undersigned certifies that this case should be tried or heard in the:

☐ Blythe Court      ☐ Hemet Court      ☐ Indio Court      ☐ Riverside Court

for the following reasons:

☐ The party's primary residence is located within the geographical area. The city and zip code is:  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ Other: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

\_\_\_\_\_  
(SIGNATURE)